

CLAIMS ONLY							Application Number 09-989677	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1			1				51	
2				1			52	
3							53	
4							54	
5							55	
6			1				56	
7				1			57	
8							58	
9							.59	
10							60	
11							61	
12							62	
13		1					63	
14				1			64	
15							65	
16					1		66	
17							67	
18		1					68	
19							69	
20				1			70	
21			1				71	
22				1			72	
23					1		73	
24		1					74	
25					1		75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34			1				84	
35							85	
36							86	
37							87	
38							88	
39		1					89	
40							90	
41		1					91	
42							92	
43					1		93	
44							94	
45							95	
46		1					96	
47							97	
48		1					98	
49							99	
50					1		100	
Total Indep				19			Total Indep	
Total Depend				55			Total Depend	
Total Claims				74			Total Claims	